FORM B. 1.—HOUSE AND BUILDING RETURN—*continued.*

HOUSES.											FAMILIES, &c.							
					PARTICULARS OF INHABITED HOUSES.													
No. of House or Building.	Whether Built or Building.	State whether Private Dwelling, Public Building, School, Manufactory, Hotel, Public-house, Lodging-house, or Shop, &c.	Number of Out-Offices and Farm-steadings as returned on Form B. 2.	Is House Inhabited? — Yes or No, as the case may be.	WALLS. If Walls are of Stone, Brick, or Concrete, enter the figure 1 in this column; if they are of Mud, Wood, or other perishable material, enter the figure 0.	ROOF. If Roof is of Slate, Iron, or Tiles, enter the figure 1 in this column; if it is of Thatch, Wood, or other perishable material, enter the figure 0.	ROOMS. Enter in this column:— For each House with 1 Room } the figure 1 only. For Houses with 2, 3, or 4 rooms 2; 5 or 6 „ 3; 7, 8, or 9 „ 4; 10, 11, or 12 „ 5; 13 or more „ 6.	Windows in Front. State in this column the exact Number of Windows in *Front* of House.	To the Figures you have entered in columns 6, 7, 8, & 9, and enter the Total for each House in this column.	CLASS OF HOUSE. When Total in Col. 10 is:— 1 or 2, enter "4th"; 3, 4, or 5 „ "3rd"; 6, 7, 8, 9, 10, or 11 } „ "2nd"; 12 or over „ "1st"	No. of distinct Families in each House.	Name of the Head of each Family residing in the House.	No. of Rooms occupied by each Family. (*See Note B at foot.*)	Total Number of Persons in each Family.	Date on which Form A was collected. 1911.	Number of Persons in each Family who were sick on 2nd April 1911.	Name of the *Landholder* (if any) on whose Holding the House is situated, whether that name appears in column 13 or not.	No. on Form M. 1 if House is on the Holding of a Landholder.
(Col. 1.)	(Col. 2.)	(Col. 3.)	(Col. 4.)	(Col. 5.)	(Col. 6.)	(Col. 7.)	(Col. 8.)	(Col. 9.)	(Col. 10.)	(Col. 11.)	(Col. 12.)	(Col. 13.)	(Col. 14.)	(Col. 15.)	(Col. 16.)	(Col. 17.)	(Col. 18.)	(Col. 19.)